

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083306

1. Entity Name

THE REALTY CONNECTION, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90034 047 \*\*\*150.00

Principal Place of Business

Mailing Address

1920 E. HALLANDALE BCH. BLVD.  
#639  
HALLANDALE FL 33009

1920 E. HALLANDALE BCH. BLVD.  
#639  
HALLANDALE FL 33009-4733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0785121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEIS, KATHERINE  
2730 BOGOTA AVE.  
COOPER CITY FL 33026

Name

THEIS, KATHERINE

Street Address (P.O. Box Number is Not Acceptable)

1408 NW 97 TERR

City

PEMBROKE PINES

FL

Zip Code

33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Katherine Theis*

Signature typed or printed name of registered agent and title if applicable.

KATHERINE THEIS

(NOTE: Registered Agent signature required when reinstating)

4/19/2000

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **THEIS, KATHERINE**  
STREET ADDRESS **2730 BOGOTA AVE.**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **Pres.** ☒ Change ☐ Addition  
NAME **THEIS, KATHERINE**  
STREET ADDRESS **1408 NW 97 TERR**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Katherine Theis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000  
Date

954-  
455-4770  
Daytime Phone #

CR20034 (9/99)